Document 1 Filed 04/25/16 U.S. DISTRICT COURT **NORTHERN DISTRICT OF TEXAS** PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015) FH.FDIN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS By.

Box 15330 Ft. Worth Tx 76119

CASE NO

(Clerk will assign the number)

350 W.Belknap St. Ft. Worth Tx 76102

BrianGentry 350 W. Belkwap St Ft Worth Tx 76102 nt's Name and Address enais Alise 350 W. Belkwap St. Ft. Worth Tx 76102

Defendant's Name and Address

(DO NOT USE "ET AL.")

#### **INSTRUCTIONS - READ CAREFULLY**

### NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

- 1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
- 2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
- 3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
- 4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

| Doe Gonzales #30083077 Plaintiff's Name and ID Number                                    |
|--|
| Plaintiff's NAME and ID Number   |
| FCI P.O Box 15330 Ft. Worth Tx 76119 Place of Confinement                                |
| Place of Continuement  |
|  |
| V.   |
| Officer Villeneuve 350 W. Belkwap St. Ft. Worth Tx 7610Z<br>Defendant's NAME and Address |
| Detendant 's NAME and Addicss  |
| Officer Harris 350 W.BelKNAP St. Flubrith Tx 7610Z                                       |
|  |
| Officer Cunning hom 350 W. Belkung St. Ff Worth Tx 76102<br>Defendant's Name and address |
|  |
| Officer Clowers 350 W. Belkurpst, Ft Worth Tx76102                                       |
| half it the many and address   |

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#### FILING FEE AND IN FORMA PAUPERIS (IFP)

- 1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of \$400.00.
- 2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed in forma pauperis. In this event you must complete the application to proceed in forma pauperis, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed in forma pauperis and the certificate of inmate trust account, also known as in forma pauperis data sheet, from the law library at your prison unit.
- 3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal in forma pauperis, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed in forma pauperis, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding in forma pauperis.)
- 4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

#### CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

#### I. PREVIOUS LAWSUITS:

А. В.

| ve you filed any other lawsuit in state or federal court relating to your imprisonment?YES 🗶 NO   |  |  |  |  |
|---|--|--|--|--|
| If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.) |  |  |  |  |
| Approximate date of filing lawsuit: NA  |  |  |  |  |
| Parties to previous lawsuit:  |  |  |  |  |
| Plaintiff(s)  |  |  |  |  |
| Defendant(s)  |  |  |  |  |
| Court: (If federal, name the district; if state, name the county.)  |  |  |  |  |
| Cause number:   |  |  |  |  |
| Name of judge to whom case was assigned:  |  |  |  |  |
| Disposition: (Was the case dismissed, appealed, still pending?)   |  |  |  |  |
| Approximate date of disposition:  |  |  |  |  |
|   |  |  |  |  |

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| II.  | PLACE OF PRESENT CONFINEMENT: F.C. I P.O. Box 15330 Ft. Worth Tx 76119  |
|------|---|
| III. | EXHAUSTION OF GRIEVANCE PROCEDURES:   |
|      | Have you exhausted all steps of the institutional grievance procedure? YESNO                                  |
|      | Attach a copy of your final step of the grievance procedure with the response supplied by the institution.    |
| IV.  | PARTIES TO THIS SUIT:   |
|      | A. Name and address of plaintiff: Joe GONZAles #30083-077  FCI PO BOX 15330                                   |
|      | Fort Worth Texas 76119  |
|      | POPT WOITH /EXUS (GILL  |
|      | B. Full name of each defendant, his official position, his place of employment, and his full mailing address. |
|      | Defendant#1: 50+ Hill Fort Worth Police   |
|      | 350 W. Belkwap St. Ft. Worth Tx 76102   |
|      | Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.                    |
|      | KNEW his officers doing a illegal pit Manuver/seen officers beating &   |
|      | Defendant #2: Officer Brigh Gentry Fort Worth Police  |
|      | 350 WBelkNADST FTWORTH TX 716102  |
|      | Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.                    |
|      | assuafted the Plaintiff with the butt of gun repeatedly   |
|      | Defendant #3: Officer Dennis Alise Fort Worth Police  |
|      | 350 W. Belknap St Ft Worth TX 76102   |
|      | Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.                    |
|      | Performed illegal pit manuver against orders  |
|      | Defendant#4: Officer Villeweuve Fort Worth Police   |
|      | Cofortici poted in ASSUALT when pull out of webide /Failure to  |
|      | Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.                    |
|      | 350 WBelknap St Ft Worth TX 76102   |
|      | Defendant #5: Officer Clowers Fort Worth Police   |
|      | 350 W. Belknap St Ft Worth TX 76/02   |
|      | Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.                    |
|      | Participated in Assualt when pull of wehicle  |
|      | FAilure to intervene  |

| IV. B.   |
|--|
| Defendant# 6 Officer Harris Fort Worth Police  |
| 350 W. BelKNAP St. Ft Worth TX 76107   |
| Briefly describe the act(s) or omission(s) of this Defendant which you claim harmed you. |
| Participated in assualt when pull out vehicle/Failure to intervene                       |
| Defendant #7 Officer Cunvingham Fort Worth Police  |
| iefly describe the acts) or omissions of this Defendant which you claimed harmed         |
| Participated in assualt when pull out vehicle / Failure to intervence                    |

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| V. | STATEN | TENT   | OF  | CI    | ATM.                   |
|----|--------|--------|-----|-------|------------------------|
| ν. | OTATEN | /LCIVI | UE. | L, L, | $\Lambda \Pi V \Gamma$ |

VI.

VII.

VIII.

| State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how <u>each</u> defendant is involved. <u>You need not give</u> any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number |
|---|
| and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.  |
|   |
| ON 5/27/2015 in the City of Arlington Tx Arlington Swat   |
| Et Worth Swat (1) executed an illegal pit manuver which   |
| Cause me to suffer serious Neck, back, brain problems   |
| (2) pulled out of my vehicle swat/ Police beat me which   |
| resulted inchronic liver damage (3) Sat. Hill had to  |
| restrain officer Brian Gentry from beating Plaintiff  |
| Which was caught on All News, T.V. video  |
| (4), officers Cunningham, Villeweuve, Clowers   |
| Harris also participated in the beating   |
| RELIEF:   |
| State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or  |
| statutes.   |
| Monétary relief \$ 1/3,000,000  |
| Compensatory \$ 18,000,000 Luwitive \$ 5,000,000  |
| GENERAL BACKGROUND INFORMATION:   |
| A. State, in complete form, all names you have ever used or been known by including any and all aliases.  (Doe Bew Gowzales, Joe Jo Gowzales Hawson Ralph Deaw, Joe Gowzales  |
| B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal  |
| prison or FBI numbers ever assigned to you.   |
| State# 1596458 Fed # 30083-077  |
| SANCTIONS:  |
| A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES NO  |

imposed. (If more than one, use another piece of paper and answer the same questions.)

| 1. | Court that imposed sanctions (if federal, give the district and division):_ | WA |
|----|---|----|
| 2. | Case number: NA   |    |
| 3. | Approximate date sanctions were imposed:                                    |    |

4. Have the sanctions been lifted or otherwise satisfied?

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were

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| C.         | Has any court ever warned or notified you that sanction  | s could be imposed? YES X NO                           |  |  |  |
|------------|--|--|--|--|--|
| D.         | If your answer is "yes," give the following information (If more than one, use another piece of paper and answ   |  |  |  |  |
|            | 1. Court that issued warning (if federal, give the distri-   | ct and division): NA                                   |  |  |  |
|            | 2. Case number:  | NIK  |  |  |  |
|            | 3. Approximate date warning was issued:  | NA   |  |  |  |
| Executed   | on: <u>April 18,2016</u><br>DATE   | Joe GONZALES  Me Donagles  (Signature of Plaintiff)    |  |  |  |
| PLAINT     | IFF'S DECLARATIONS   |  |  |  |  |
| 1.         | I declare under penalty of perjury all facts presented in and correct.   | this complaint and attachments thereto are true        |  |  |  |
| 2.         | I understand, if I am released or transferred, it is my reurrent mailing address and failure to do so may result   |  |  |  |  |
|            | I understand I must exhaust all available administrative   | e remedies prior to filing this lawsuit.               |  |  |  |
|            | <ol> <li>I understand I am prohibited from bringing an in forma pauperis lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.</li> <li>I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire</li> </ol> |  |  |  |  |
|            | filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.  |  |  |  |  |
|            | -M   |  |  |  |  |
| Signed thi | s day of (month)   | , 20 <u>//</u>   |  |  |  |
|            | (Day)  | Joe GON TALES  Joe Jones Las  (Signature of Plaintiff) |  |  |  |

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

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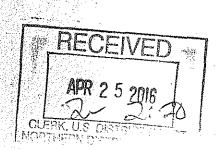
GONZALES, JOE #30083-077 FEDERAL CORRECTIONAL INSTITUTION P.O. BOX 15330 FORT WORTH, TERXAS 76119

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UNITED STATES DISTRICT COURT/ NORTHERN DISTRICT ATTN: CLERK OF THE COURT 501 W. 10th STREET, RM 310 FORT WORTH, TEXAS 76102